KIDAPAWAN DOCTORS COLLEGE, INC
Research and Publication Department
N. Aquino Ave., Lanao, Kidapawan City
rap@kdci.edu.ph

INFORMED CONSENT FORM FOR MINOR PARTICIPANTS

Research Title: _____

Researchers: _____

Research Adviser: _____

Research Purpose:
(Discuss the general purpose of the study and its specific objectives in paragraph form. You may include the scope of the study and its significance in this part.)

Research Procedure:
(Summarize into two or three paragraphs the data gathering procedure.)

Voluntary Participation:
(Discuss how you are going to secure voluntary participation and their rights to withdraw anytime they so desire.)

Privacy and Confidentiality:
(Discuss how to secure privacy and confidentiality of information/data in full detail. This may include adherence to existing laws about privacy and confidentiality such as the Data Privacy Act of 2012 and other applicable laws. Discuss also what measures to employ in order to avoid leakage of information. Discuss also how you are going to dispose the information after use.)

Potential Risks and Discomforts:
(Discuss what are the potential risks and discomforts that the participants might experience during the conduct of the study and what measures to employ in order to reduce them if cannot be totally eliminated.)

Participants' Benefits and Privileges:
(Discuss here what are the direct and indirect benefits that the participants can get by volunteering. Discuss also what privileges are given to them regarding the conduct of the study. Discuss also here that this study will not affect any of their benefits outside the scope of the study.)

Contact Information:
(Provide the full contact information [FUNCTIONAL mobile number, email, Facebook] of the student researcher, research adviser and the institution.)

Part II. Parent's Consent

I have read the information above and I consent my child/ren to participate in the study. I was informed with the nature and purpose of the study and I have given the opportunity to ask questions regarding it. My questions have been answered to my satisfaction.

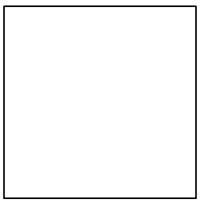
I can withdraw my consent anytime and discontinue the participation of my child/ren without penalty. I received a copy of this form.

For Literate Participants

_____
Participants Name & Signature

_____
Date

For Illiterate Participants



Thumbprint of the Participant

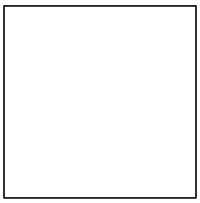
_____
Date

For Literate Parent

Parent's Name & Signature

Date

For Illiterate Parent



Thumbprint of the Parent

Date

ATTESTATION

I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given voluntarily.

Lead Researcher Name and Signature

Date